

PROJECT ASSISTANCE COMPLETION REPORT

FAMILY PLANNING ASSISTANCE PROJECT

NO. 492-0396

USAID\PHILIPPINES

March 1, 1996

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Clearances:

OPHN:CC-Yaman *ccy*

PRM:SSRoco *sh*

OFM:LHBrady *LS*

DD:GHWest *GHW*

PEB

NOT CLEARED FOR FUNDS	
EXPENDS AVAILABLE	AVAILABILITY
ACCOUNTING SECTION	
SUBJECT: <i>Info Acctg.</i>	
MAR 20 1996	
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Project Assistance Completion Report

Family Planning Assistance Project (492-0396)

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ACRONYMS

AID	-	Agency for International Development
AVSC	-	Access to Voluntary and Safe Contraception
CARE	-	Cooperation for American Relief Everywhere
CCR	-	Counterpart Contribution Report
CDLMIS	-	Contraceptive Distribution and Logistics Management Information System
CEDPA	-	Center for Development and Population Activities
CPR	-	Contraceptive Prevalence Rate
DOH	-	Department of Health
EDF	-	Economic Development Foundation
FHIS	-	Field Health Services Information System
FPAP	-	Family Planning Assistance Project
FPLM	-	Family Planning Logistics Management
FPMD	-	Family Planning Management Development
FPRS	-	Family Planning Rider Survey
FPS	-	Family Planning Service
FSN	-	Foreign Service National
GO	-	Government
GOP	-	Government of the Philippines
IEC	-	Information, Education and Communication
IECM	-	Information, Education, Communications and Motivation
IFPMHP	-	Integrated Family Planning/Maternal Health Program
IUD	-	Intra Uterine Device
JHPIEGO	-	Johns Hopkins Program for International Education in Reproductive Health
JHU/PCS	-	Johns Hopkins University/Population Communication Services
LGC	-	Local Government Code
LGU	-	Local Government Unit
LOP	-	Life of Project
MCH	-	Maternal and Child Health
MCRA	-	Married Couples of Reproductive Age
MIS	-	Management Information System
MSH	-	Management Sciences for Health
NDS	-	National Demographic Survey
NFP	-	Natural Family Planning
NGO	-	Non-Governmental Organization
NPD	-	New Project Description
NPP	-	National Population Program
NSO	-	National Statistics Office
OR	-	Operations Research
OYB	-	Operational Year Budget

PACD	-	Project Accomplishment Completion Date
PCPD	-	Philippine Center for Population and Development
PID	-	Project Identification Description
PLCPD	-	Philippine Legislators' Committee on Population and Development Foundation, Inc.
PMU	-	Project Management Unit
PNGOC	-	Philippine Non-Governmental Organization Council on Population and Welfare, Inc.
POPCOM	-	Population Commission
POPTECH	-	Population Technical Assistance
PROAG	-	Project Grant Agreement
PROFIT	-	Promoting Financial Investments and Transfers
PP	-	Project Paper
RAPID	-	Resources for the Awareness of Population Impacts on Development
SOMARC	-	Social Marketing of Contraceptives
TA	-	Technical Assistance
TDD	-	Terminal Date for Disbursements
TFR	-	Total Fertility Rate
TS	-	Technical Secretariat
UNFPA	-	United Nations Fund for Population Activities
USAID	-	United States Agency for International Development
USAID/W	-	United States Agency for International Development/Washington
VS	-	Voluntary Sterilization

PROJECT ASSISTANCE COMPLETION REPORT

FAMILY PLANNING ASSISTANCE PROJECT 492-0396

BASIC PROJECT DATA

Date of Authorization:	February 16, 1990 ✓
Date of Original Agreement:	May 10, 1990 ✓
Original PACD:	December 31, 1994 ✓
Revised PACD:	September 30, 1995 ✓
Amount Authorized:	\$40,000,000 ✓
Amount Obligated:	\$37,828,000 ✓
Amount of OYB Transfer for contraceptives:	\$2,172,000
Amount De-obligated:	\$9,334 ✓
Net Obligation (as of 03/01/96) :	\$37,818,666 ✓
Amount Disbursed (as of 03/01/96):	\$34,227,598 ✓
Centrally-funded contraceptives provided by USAID/W at no charge to the Project:	\$11,786,262
GOP Implementing Agencies:	Department of Health Local Government Units (LGUs)
TA Contractors:	JSI/FPLM, AVSC, EAST-WEST CENTER, JHU/PCS, POPCOUNCIL, PROFIT, JHPIEGO, CEDPA, SOMARC, JSI/RTI, BUCEN, MSH/FPMD, EDF, PCPD, CARE/PHILS., TFG/RAPID, POPTECH.
USAID Project Officer:	B. Eilene Oldwine

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**PROJECT ASSISTANCE COMPLETION REPORT
FAMILY PLANNING ASSISTANCE PROJECT
(PROJECT NO. 492-0396)**

I. DESCRIPTION OF THE PROJECT

A. Background

The Family Planning Assistance Project (FPAP) (492-0396) was a six-year, \$40 million USAID grant to the Government of the Philippines (GOP), with the stated purpose of increasing the availability and utilization of family planning services through support to the National Population Program (NPP). The Project was authorized by the Mission Director on February 16, 1990. A Project Grant Agreement obligating, initially, \$14 million was signed with the GOP on May 10, 1990, with a Project Assistance Completion Date (PACD) of December 31, 1994. The Project Grant Agreement was amended four times to increase the total USAID contribution (including one OYB transfer for central contraceptive procurement) to the full authorized level of \$40 million. Because of project start up and other implementation delays (see Changes in Program Environment section, below), Amendment No. 4 to the Project Grant Agreement extended the PACD from December 31, 1994 to September 30, 1995, with no change in the authorized level of funding.

The FPAP was designed and developed after the promulgation of a new Philippines Constitution by President Corazon Aquino (who replaced President Ferdinand E. Marcos) in 1986 following a bloodless people's revolution. The new constitution acknowledged "the rights of couples to found a family in accordance with their religious convictions and the demands of responsible parenthood."

Following the ratification of the Constitution in early 1987, a Population Policy Statement was issued by the GOP in May 1987 which provided program approaches to make the above basic constitutional principle operational. The statement called for a "broadening of population concerns beyond fertility reduction to concerns about family formation, the status of women, maternal and child health, child survival, morbidity and mortality, population distribution and urbanization, internal and international migration and population structure." The constitutional provisions regarding the family were to be perused according to the following basic principles:

- an orientation toward total family welfare, not just fertility reduction;
- respect for the rights of couples to determine the size of their families and to choose voluntarily their spacing methods;
- promotion of family solidarity and responsible parenthood;
- rejection of abortion for fertility control;

- recognition of socio-cultural variations;
- promotion of self-reliance through community-based approaches;
- the need for coordination and integration of all development efforts;
- participation of NGOs; and
- maximum utilization of participatory and consultative approaches.

More specifically, the Population Policy Statement envisaged the delivery of health, nutrition, and family planning services to be integrated and treated as a vital component of comprehensive maternal and child health. Couples were to be given complete information on medically approved and legally acceptable family planning services to ensure a sound basis for their free, informed choices. Access and availability of family planning services were to be assured by governmental and non-governmental organizations (NGOs) responsible for service delivery.

In keeping with these program approaches, the Population Policy Statement delineated the respective roles of GOP population-related agencies. It stated the Commission on Population's (POPCOM) unique role in the GOP bureaucracy lay with policy concerns of population growth and distribution. POPCOM was to be "primarily responsible for coordinating, monitoring, and formulating policies related to family planning." The statement further elaborated that POPCOM, as coordinator, would ensure that program strategies, projects, and activities were consistent with the basic operating principles and the program thrust. POPCOM was directed to promote initiative and flexibility among implementing GOP agencies and NGOs, who would have "the sole responsibility for program implementation."

Role definition was further clarified when, during its meeting on August 31, 1988, the Board of Commissioners of POPCOM designated the Department of Health (DOH) as the lead agency for the delivery of family planning services. To carry out this task, the DOH assumed two principal roles:

- as provider of family planning services through its institutional network; and
- as mobilizer of participating agencies, both governmental and non-governmental, for the various aspects of service delivery.

Details of DOH's functions and relationships to become operational as the lead agency for family planning activities were subsequently specified in a resolution approved by the POPCOM Board on January 17, 1989.

A New Project Description (NPD) for the FPAP was sent to Washington in February 1988. The NPD was approved on March 14, 1988, with redelegation of authority to the Mission Director to review and approve the Project Identification Document (PID) and the Project Paper (PP). The Mission prepared, reviewed and approved a PID document in April 1988 and proceeded to design and develop the PP. However, as the Mission was nearing completion of the PP, the GOP initiated actions, as described above, to redefine the responsibilities of POPCOM and DOH to plan and implement population programs and provide family planning services. As a result, the Mission suspended further PP development until the role and responsibilities of the DOH was approved by the POPCOM Board on January 17, 1989.

The final PP was modified to reflect the organizational changes within the GOP and the transfer of responsibility for family planning activities to the DOH. The predominant implementing agency was, thus, changed from POPCOM to DOH. In addition, because the DOH lacked experience with family planning program implementation, a substantially enlarged grants component for the NGO and the private sectors was added to the PP on the understanding that the DOH will enter into a number of grants with national and provincial NGOs to provide services in support of family planning.

The PP recognized that there would be managerial as well as political risks involved in the implementation of the FPAP. Although the DOH offered family planning services in its clinical network from the beginning of the GOP family planning program, its assumption of sole responsibility for providing, managing, and monitoring all family planning services in the country, including non-clinical community-based distribution of contraceptives through outreach workers, was an enormously complex undertaking.

Furthermore, the restoration of democratic rule under President Aquino in 1986, with the strong support of the Catholic Church and Archbishop Jaime Cardinal Sin of Manila, in particular, conferred on Cardinal Sin and the Catholic Church unprecedented influence on a variety of political, social, cultural and family issues, including family planning. Strong political will and support for family planning was clearly lacking. The implementation of FPAP began in this politically-charged environment for family planning.

B. Project Purpose and Description

a. **Purpose:** The purpose of the Project as stated in the PP and Project Grant Agreement was "to increase the availability and utilization of family planning services in the Philippines through support to the Philippines National Population Program."

The Project goal was "to assist the GOP to continue progress toward meeting the national family planning goal of reducing the total fertility rate."

The NPP called for the reduction of the Total Fertility Rate (TFR) from an estimated 4.31 in 1990 to 3.74 in 1994. To achieve this performance, corresponding Contraceptive Prevalence Rate (CPR) -- for program methods only -- was to be increased from 36 per cent in 1990 to 50 per cent in 1994, as follows:

	<u>1990</u>	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>
CPR, % of MCRA (program methods only)	36	39	42	46	50
TFR	4.31	4.21	4.05	3.90	3.74

These targets were included as "end-of-project targets" in the Project Grant Agreement. The program methods specified were: reversible clinical methods (pills, IUD, injection), sterilization (ligation, vasectomy), and other program methods (condom, calendar rhythm, and rhythm combinations).

*b. **Description:*** The FPAP was designed to support the following components of the NPP:

1. Expansion of Service Delivery: This was to be accomplished through (a) improving the quality of services (largely a function of training, as described below), and (b) expanding the availability and accessibility through both the public and private sector facilities.

For the public sector, it was envisaged that DOH facilities which were not offering family planning services would add them. FPAP was to assist with both the training and equipment needed for this purpose. In addition, the Project was to support comprehensive itinerant teams to provide services in hard to reach areas because of topography or settlement patterns.

The approach to improving and strengthening expanded family planning service delivery was to be differentiated between high unmet need areas and those already meeting a demonstrated demand for services. In the first group of ten regions (Regions I, II, IV, V, VI, VIII, IX, XII, XIII, XIV, and XV), "intensive efforts will be made to increase service delivery outlets; improve quality of services; and communicate better with couples who need the services, including testing innovative approaches to outreach".

The remaining four regions (Regions III, VII, X and XI) were identified as "generally more developed and having good family planning performance records...with above-average program infrastructure, supportive political will, and administrative competence." The DOH was required to focus UNFPA service delivery inputs in these four regions, with

no contribution for service delivery improvement from the FPAP.

For the private sector, four "avenues" were identified through which the FPAP resources were to be used:

. *Commerce and Industry:* The Project was to help selected companies in DOH/UNFPA targeted Regions (Regions III, VII, X and XI) to develop in-plant family planning services. There were 58 companies which did not offer family planning services. Of these, 34 employed between 65 and 75 per cent female workers. The Project proposed to initiate family planning activities in these 34 clinics in the first three years, and expanding to the remaining companies in the fourth and fifth years. In addition, 40 firms in the National Capital Region (Region I) were targeted for FPAP assistance to initiate family planning services.

. *Contraceptive Social Marketing:* The Project proposed to buy into the centrally funded SOMARC (Social Marketing of Contraceptives) project to undertake a feasibility study and to develop a plan to market contraceptives through established private sector and commercial channels, such as private pharmacies and for-profit private health care facilities.

. *NGOs:* Strengthen the technical and managerial capabilities of the Philippines Non-Governmental Organizations Council (PNGOC) to administer grant funds and to provide technical assistance to local NGOs to plan and operate effective and self-sustaining family planning programs. The Project envisaged that 10 NGO subgrants would be awarded and administered through the PNGOC.

. *Franchising Family Planning and Health Care:* Various (unspecified) approaches to "franchising a health care benefit package that includes family planning" were to be tested and developed under the Project, based on a feasibility study to be undertaken with central funds. "Attractions for the medical and paramedical personnel involved were to include: clinical equipment, loan guarantees, and access to low cost and subsidized consumable commodities." A key feature of the franchising scheme was a repayment plan which would enable the medical personnel to repay their loans, retain a profit, and eventually become self-supporting.

The Project called for family planning information and services in over 3,000 clinics in the GO/NGO network and voluntary sterilization (VS) services available in 200 district hospitals.

2. Training: Training of staff was identified "as the most urgent need to improve and expand the quality and availability of family planning services." The FPAP was to support in-service and pre-service training for service providers in regions other than the four regions (III, VII, X and XI) targeted for UNFPA support. Training for personnel from

the ten regions targeted for expanded service delivery assistance under the FPAP was to cover clinical skills, IECM skills, management and supervision skills, supply management and logistics skills, and MIS skills for the DOH's new Field Health Services Information System (FHSIS). Between 20,000 and 25,000 service delivery personnel were proposed to be trained in these skills during the life of the Project.

3. Information, Education, Communication and Motivation (IECM): IECM activities were to "complement the principal program thrust of expanding the availability and accessibility of high-quality family planning services." Intensified and targeted IECM campaigns, using the full range of media, for providing specific information about contraceptive methods and where they were available, and for correcting misinformation, rumors, and unfounded fears about modern contraceptive methods, and educating the public on the health benefits to families of regulating fertility were proposed.

4. Logistics: With the transfer of responsibility for logistics from POPCOM to the DOH, the Project envisaged the establishment of a contraceptive logistics management system within the DOH's existing medical supplies and equipment logistics management system. Long term technical and financial assistance was planned for this purpose.

5. Contraceptives: The largest project expenditure was budgeted for U.S.-procured contraceptives at an estimated value of \$11,537,000.

6. Monitoring, Evaluation, and Audit: The Project was to support the training and printing costs related to the introduction of the new FHSIS from the supply point to district, provincial, regional and central (DOH) levels, to provide accurate and reliable family planning service delivery data on target couples, current family planning users and discontinuers.

7. Research: Operational research activities aimed at improving the policy climate for family planning activities at the national and local levels, and for improving family planning service delivery were envisaged, including support for the Philippines Legislator's Committee on Population and Development (PLCPD). One expected outcome under this component was the introduction of new outreach structures for service delivery.

The anticipated Project Outputs and End of Project Status were as follows:

- Family planning information and services available in over 3,000 GO/NGO clinics and voluntary sterilization services available in over 200 district hospitals.
- Between 20,000 and 25,000 service delivery personnel trained.
- Contraceptives available at over 3,000 service delivery sites.

- 98 additional firms to establish family planning services for their personnel; and
- New outreach structures operational.

C. Implementation Arrangements

The three major participants in project implementation were: USAID, the GOP, and TA consultants.

USAID assigned the Mission Population Development Officer as the Project Officer. She was assisted by two FSN population specialists. Together, they assisted the GOP in project implementation, oversaw project monitoring, worked closely with GOP counterparts, and were the main contact points between the GOP, participating private sector and non-governmental organizations, long-term and short-term technical consultants and USAID. The Project Officer and her staff carried out all pre-obligation actions, saw that all conditions precedent were met and that procurement and training plans were carried out in accordance with USAID Handbooks and guidelines.

The Project used a number of centrally-funded Global/Population projects including: Family Planning Logistics Management (FPLM/John Snow Inc.); Association for Voluntary Surgical Contraception (AVSC); University of Hawaii-East West Center; Johns Hopkins University/Population Communication Services (JHU\PCS); Population Council; PROFIT (John Snow Inc.); Johns Hopkins University Program for International Education in Gynecology and Obstetrics (JHPIEGO); Center for Population and Development Activities (CEDPA); Social Marketing of Contraceptives (SOMARC/The Futures Group); Bureau of the Census; Management Sciences for Health/Family Planning Management Development Project (MSH/FPMD); CARE; Population Technical Assistance (POPTech); and RAPID (The Futures Group); besides a number of major Filipino NGOs including the Education Development Foundation (EDF) and the Philippines Center for Population and Development (PCPD).

The Project Officer and her staff liaised with the TA consultants and were responsible for technical supervision and internal progress reports.

The DOH was designated as the prime implementing agency. Initially, a separate and independent Technical Secretariat (TS) was established by the DOH to plan, coordinate and implement the FPAP activities and to ensure the timely provision of GOP contributions, both in-kind and cash, as stated in the Project Grant Agreement. However, the TS was staffed almost entirely by contract personnel and their role and responsibilities overlapped substantially with those of Family Planning Services (FPS). As a result, and based on the recommendations of the USAID mid-project evaluation team, the TS was abolished and a Project Management Unit (PMU) was established in its place, with more

clearly defined roles and responsibilities with regard to the FPAP. Unfortunately, like the TS, the PMU also was subsequently staffed by contract staff, funded by one donor or the other. This arrangement had major implications for FPAP implementation, particularly after the Devolution Act.

D. Changes in Project Environment

During the Project period, a major and unanticipated event occurred with far-reaching implications for the Project and for the health and family planning services in the Philippines. The Local Government Code (LGC), passed on October 10, 1991, transferred political, financial, and administrative authority for all development programs, including health and family planning programs, from the central government to Local Government Units or LGUs (municipalities, towns, cities, and in the case of some hospitals, provinces). The delivery of all health and family planning services became the responsibility of the LGUs. Midwives, nurses, physicians, and other health personnel at these levels now report directly to local political leaders. The DOH, while still mandated "to be the primary national government agency responsible for the protection and promotion of the people's health", must, under the LGC, fulfill that role through means other than direct implementation of health services.

The Devolution Act (as the LGC Act is known) was passed 18 months after the FPAP Agreement was signed by the GOP. It drastically altered the role assigned to DOH -- the principal implementing agency -- under the FPAP. Instead of DOH, program responsibility was assumed by over 3,000 LGUs. None of these LGUs had any previous experience with planning and implementing health and family planning programs. Nor was there an organizational structure in place to plan and carry out the mandated implementation functions. Still worse for FPAP implementation, family planning was not a priority for many LGUs both because of other pressing developmental problems and because of opposition to family planning based on religious considerations.

These changes were not anticipated in the original FPAP design. The Devolution Act caused numerous uncertainties and delays. However, it also provided an unusual opportunity and challenge for FPAP to test and develop a truly decentralized system for the planning and delivery of health and family planning services at the LGU level. With a flexible project design, the FPAP responded to this challenge by carefully selecting and assisting 30 LGUs to develop and implement a performance-based family planning program. Thus, the FPAP blazed the trail for LGU-based health and family planning programs under the new Devolution Act. The lessons learned from this experience were used to design and develop a performance-based Integrated Family Planning/Maternal Health (IFPMH Program) for implementation in the remaining LGUs for USAID funding. The IFPMH Program became operational in late 1994, well before the expiry of the revised FPAP PACD (see lessons learned section).

II. CURRENT STATUS OF THE PROJECT

USAID commenced implementation of the FPAP on May 10, 1990 with an initial obligation of \$ 14,000,000, and with a PACD of December 31, 1994. The Project was amended four times to increase USAID obligations to a total of \$37,828,000, as follows, against a planned USAID Life-of-Project (LOP) contribution of \$40,000,000:

✓ May 10, 1990 Initial Obligation	\$14,000,000
✓ July 18, 1991 Amendment No. 1	6,600,000
✓ March 31, 1992 Amendment No. 2	4,328,000
✓ May 03, 1993 Amendment No. 3	10,000,000
✓ June 16, 1994 Amendment No. 4	<u>2,900,000</u>
Total USAID Obligation ...	<u>\$37,828,000</u>

In addition, \$2,172,000 was provided as an OYB transfer to USAID/W for contraceptive procurement, raising total USAID contribution to the full authorized level of \$40,000,000.

Amendment No. 4 extended the Project Assistance Completion Date (PACD) from December 31, 1994 to September 30, 1995.

The current physical and financial status of the project is as follows:

A. Procurement

All procurement, technical assistance and training activities were completed, as planned, and all goods and services delivered, prior to the Project's PACD of September 30, 1995.

During the life of the Project, the value of non-contraceptive commodities and equipment purchased amounted to \$579,695. Contraceptives funded under the Project (including OYB transfer) and brought into the country amounted to \$5,364,000. Attachment No. 1 provides a complete listing of all non-contraceptive commodities and equipment purchased under the Project while Attachment No. 2 provides a list of all contraceptives procured and supplied, using Project funds and provided free of charge to the Mission by the Global Bureau Office of Population. Contraceptives worth \$11,786,262 were contributed by USAID/W through this mechanism and without charge to the FPAP.

B. Technical Assistance (TA)

To enhance project implementation, long and short term TA was utilized through the life of the Project. Initially, the services of two U.S. long-term advisors were obtained through institutional arrangements -- an IECM specialist from the Johns Hopkins University\Population Communication Services and a Logistics Management Advisor from the Family Planning Logistics Management (FPLM) Project of John Snow, Inc.

Both long term advisors were highly successful in their efforts to establish effective family planning information, education and communications (IEC) programs and an effective and dependable contraceptive distribution and logistics management and information system (CDLMIS) at the Department of Health.

By developing a research-based communications strategy, the IEC program was able to utilize a multi-media approach to communicate the family planning program messages to a wider audience. In spite of initial hesitancy by the DOH to use television for family planning messages, there was no major backlash from this effort and family planning messages were routinely aired by the television and radio stations. More positively, by using a panel methodology, USAID was able to document an increase in contraceptive prevalence of 6 percentage points in areas covered by the communications campaign, immediately following completion of the campaign. (Whether or not this increase was sustained was not tracked by the IEC program.)

The FPLM Project has successfully developed, tested, and installed an effective and dependable CDLMIS. Contraceptive outages are no longer a problem. An internal evaluation of the system, just prior to the PACD, showed that the system was functional with well over 80 percent of the service delivery outlets having at least one month's supply of contraceptives, which was a chief objective of the CDLMIS. In fact, the CDLMIS system proved so successful that the DOH requested that USAID pilot test "piggy backing" five essential child survival drugs on to the CDLMIS. The test was successfully completed in two provinces and the World Bank is expected to cover the additional cost of distributing the essential drugs under a new Safe Motherhood and Maternal Child Health Project.

With the advent of the implementation of the Devolution Act in 1991, and using the results from the mid-term project evaluation in October 1992, USAID and DOH agreed to add a third long-term expatriate advisor to assist the LGUs to assume their role as providers of health and family planning services. Through a buy-in to the centrally-funded Family Planning Management Development (FPMD) Project, an expatriate advisor and a staff of local Filipino advisors provided TA to 30 LGUs. Using the performance-based mechanism that was so successful under another USAID-funded program (the Child Survival Program), the first 20 LGUs successfully met their benchmarks to enable them to receive their first tranche of funds for family planning and maternal child health

activities. Lessons learned from the implementation of this performance-based program LGU program were incorporated into the follow-on IFPMH Program.

Local technical expertise was harnessed and effectively utilized by FPAP. A number of Filipino resident advisors have provided long term TA under the Project. This TA has been in operations research (OR); contraceptive social marketing; expanding voluntary sterilization services; training; and in managing private sector activities for NGOs and the commercial sector. For the most part, this TA has been successful and the activities have been folded into the new IFPMH Program. Use of local technical expertise has been highly cost-effective and successful in creating a cadre of well trained local professionals in specialized family planning program areas.

C. Training

Training was a key strategy under FPAP to improve the quality and expand the availability of family planning services in the targeted regions. Because the DOH had just assumed responsibility for family planning services at the time the FPAP Agreement was signed and because it had so little experience in implementing a national family planning program, a mechanism was required to accelerate training. Additionally, as very little training had taken place over the five years preceding the development of the FPAP because of the revolution and neglect of the program by the Aquino Administration, the DOH had not kept up with the technical advances in contraceptive technology or in newer training technologies.

Under FPAP 20-25,000 health professionals were to receive training in family planning clinical skills, including voluntary surgical contraception, clinic management, IEC, and interpersonal communication skills, and counseling. To expedite the training, a local NGO, EDF, was identified to manage the training activities for the DOH, the LGUs, and the NGOs.

EDF was remarkably successful in assisting the DOH to train large numbers of people needed by the program and who required training. By PACD, a total of 60,943 health professionals had been trained by EDF, against a target of 20-25,000. Note should be made that the training budget was increased from \$5,000,000 to \$9,104,000 to support the increased demand for training. This heavy training load, although successfully met, was not without costs.

The training followed no clear cut strategy and, for most part, was not competency-based. The DOH has recognized this problem and has agreed to have a full-time expatriate Training Advisor under the follow-on IFPMHP to develop an appropriate training strategy and related competency-based training curricula for various categories of workers.

D. Financial Status

The total Project budget was \$56.5 million, which consisted of \$40 million from USAID funds and \$16.5 million to be contributed by the GOP.

A. USAID

By PACD, total USAID obligations through four successive Project Grant Agreement amendments were \$37,828,000 and total commitments \$37,808,610. Disbursements totalled \$34,227,598, and decommitments/deobligations \$9,334 as on March 1, 1996. Final disbursements have not been completed due to delayed submission of vouchers by the DOH for goods and services delivered prior to the PACD. The DOH has been advised to submit the final vouchers as soon as possible. The Terminal Date for Disbursement (TDD) is June 30, 1996.

B. GOP

Required GOP in-kind and cash contributions were estimated at the equivalent of \$16.5 million. Initially, the GOP had difficulty in meeting the counterpart contribution requirement. Although funds were spent nationwide for family planning support activities, the process of gathering the data from the field, consolidating it, and submitting the information to USAID was problematic.

To enable the DOH to prepare the Counterpart Contribution Report (CCR), a series of workshops was held among DOH personnel involved in gathering financial data and preparation of financial reports in the DOH central office, regional health offices, municipal, city, and provincial health offices.

The CCR mechanism was, finally, put in place in early 1991. The CCRs received by USAID show that the GOP had contributed a total of Pesos 394,980,851 or the equivalent of \$17,953,675, during the life of the Project, exceeding the anticipated GOP contribution by 9%.

III. SUMMARY OF CONTRIBUTIONS: PLANNED VS. ACTUAL INPUTS

All planned USAID inputs were provided in a timely and efficient manner. The original budget was substantially reallocated among various Project components during implementation. In 1992, the Global Bureau Office of Population (G\POP) agreed to provide all the required contraceptives for the Philippines, free of charge to the Mission, due to changes in procurement policies. As a result, contraceptives worth \$11,786,262 were provided through this centrally-funded arrangement, without any charge to the Project. This enabled USAID/Manila to use some of the FPAP funds earmarked for contraceptives to pilot test activities in 30 selected LGUs following the unanticipated

Devolution Act as described in the preceding section, and to substantially increase training activities to include training for service providers on injectable contraception, which was not an approved program method at the beginning of the FPAP.

The following table presents planned and actual financial inputs by USAID:

Table: USAID Financial Contribution - Planned vs. Actual

<u>Budget Item</u>	<u>Original Budget</u> (in \$000s)	<u>ProAg Obligations</u>	<u>Disbursements</u> (3/1/96)
Expansion of service delivery	6,152	5,325✓	3,684✓
IECM	3,960	2,966✓	2,966✓
Logistics	2,100	4,495✓	3,677✓
Contraceptives	11,537	3,192✓	3,191✓
Private Sector	8,811	9,424✓	9,227✓
Training	5,000	9,104✓	8,192✓
Research	767	3,064✓	3,032✓
Monitoring/ Evaluation	673	258✓	258✓
Contingency	<u>1,000</u>	=	=
Total	<u>40,000</u>	<u>37,828*</u>	<u>34,227**</u>

* Excludes contraceptives provided in-kind totalling \$2,172,000 through OYB transfers, per Amendment No.4 to the Project Grant Agreement.

** Disbursements have not been completed since final vouchers for goods and services delivered prior to the PACD have not been received from the DOH.

IV. PROJECT ACCOMPLISHMENTS: PLANNED VS. ACTUAL OUTPUTS

The goal of the FPAP as stated in the Project Grant Agreement was to contribute toward the reduction of TFR from 4.31 in 1990 to 3.74 in 1994. The stated purpose to achieve this goal was to increase the use of contraceptive methods promoted by the program (i.e. CPR for program methods) from 36 percent in 1990 to 50 per cent in 1994.

Although the PACD of the Project was extended from December 31, 1994 to September 30, 1995, these objectively verifiable goal and purpose level indicators were not changed.

As shown in the table on page 16, overall (all methods) CPR increased from 36.2 per cent in 1988 to 40.0 per cent in 1993 and further to 50.8 per cent in 1995. For "Program Methods", as defined in the PP and Project Grant Agreement, the corresponding increase was from 29.8 per cent in 1988 to 31.2 per cent in 1993, and sharply to 44.8 per cent in 1995. Although most of the increase between 1993 and 1995 was in "Other Program Methods" (i.e. Natural Family Planning Methods), which were emphasized by the DOH due to opposition to modern family planning methods from the Catholic Church, the increase in the use of pills, IUDs, and injectables is noteworthy. Voluntary sterilizations declined due to the relatively high cost of the procedure to the client and the withdrawal of donor subsidies to hospitals, which used to reduce the cost to the client.

TFR estimates for 1994 or 1995 are not available at the present time. The latest NDS (1993), which provides TFR estimates for 1991, shows that the TFR had declined from 4.28 in 1985 (based on 1988 NDS) to 4.09 in 1991, well below the Project's goal of a TFR of 4.21 for 1991, although, as noted earlier, the CPR target for 1993 was not met. Demographic and fertility surveys in the Philippines have consistently shown lower TFR for given CPR levels, compared with international experience. This aspect of the Philippine family planning program needs further investigation.

Planned TFR/CPR goals and actual accomplishments are presented in the following table, based on available data in 1995:

	<u>1990</u>	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>
<u>CPR as % MCRA: Program Methods Only</u>						
Planned	36	39	42	46	50	None
Actual	NA	NA	NA	31.2	NA	44.8
<u>TFR</u>						
Planned	4.31	4.21	4.05	3.90	3.74	None
Actual	NA	4.09	NA	NA	NA	NA

The changes noted in CPR and TFR are impressive, especially considering the circumstances under which the FPAP operated during most of its life. The family planning program had come to a virtual halt during the last two years of the Aquino Administration (1990-91) due to opposition to the program from the Catholic Church. And, in 1992, the responsibility for health and family planning programs was transferred from the DOH to the LGUs, which created unanticipated problems and caused further implementation delays.

Despite these implementation delays and problems, however, all major planned outputs were successfully met by the Project, creating in the process a solid base for accelerated implementation of the family planning program under the follow-on IFPMH Program.

A summary of major planned and actual outputs follows:

Table: Planned\Actual Outputs

<u>Output</u>	<u>Planned</u>	<u>Actual</u> 9/30/95
1. FP Service Delivery Expansion: No. of GO/NGO clinics	3,000	3,297
2. VS services available: No. of District Hospitals	25	29
3. Training: No of DOH, GO/NGO staff with required level of knowledge and skills	20-25,000	60,943
4. DOH contraceptive logistics systems established: No. of outlets with contraceptive supplies of one month or more	3,000	2,640
5. IECM: No. of method specific/general FP brochures produced	N/A	13
No. of media campaigns implemented	3	3
6. PNGO Council able to administer funds and award subgrants	10	13
7. FP information/services available in the workplace	98	61
8. Contraceptive Social Marketing Program established	1	1

TABLE

TRENDS IN CONTRACEPTIVE PREVALENCE (CPR)
AND TOTAL FERTILITY RATE (TFR)

SOURCE	NDS 1988	NDS (DHS) 1993	NSO FPRS 1995*
ALL METHODS	36.2	40.0	50.8
PROGRAM METHODS	29.8	31.2	44.8
Modern Program Methods	20.6	23.9	24.3
Pill	6.9	8.5	11.2
IUD	2.4	3.0	3.5
Female Sterilization	11.0	11.9	8.9 *
Male Sterilization	0.4	0.4	0.1 *
Injectable	0.2	0.1	0.6
Other Program Methods	8.8	8.3	20.5
Rhythm, Rhy.\ comb., NFP	8.1	7.3	19.4
Condom	0.7	1.0	1.1
NON-PROGRAM METHODS	6.4	7.8	6.0
Withdrawal, Wid. comb.	5.6	7.4	5.6
Others	0.8	0.4	0.4

TOTAL FERTILITY RATE	4.28 (1985)	4.09 (1991)	N/A
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* NSO Final Report: Unadjusted for methodological difference between 1993 and 1995 survey concerning use of voluntary sterilization. 1995 survey probably underreports use of VS.

V. POST PROJECT RESPONSIBILITIES

1. The FPAP was designed to strengthen the technical and institutional capabilities of the DOH to plan and implement a national family planning program. However, 18 months into the Project implementation, that responsibility was transferred from the DOH to the LGUs. This transfer of responsibility, although mandated by law, remains to a large extent on paper, with the DOH and its Regional Offices continuing to perform many "implementation" functions. This has caused considerable consternation and confusion among the LGUs. Similarly, the role of the once powerful Regional Health Offices remains unclear and undefined, after devolution. Until the DOH and its Regional Offices assume their new regulatory, technical support and monitoring functions, the LGUs can not assume their position as true implementors of family planning programs. It is necessary for the DOH to define its role and responsibilities and to establish policies which will guide the implementation of all health and family planning activities by the LGUs. The DOH should be encouraged to do this as early as possible under the follow-on IFPMH Program.

2. The Philippines family planning program is 25 years old. Yet, it continues to be heavily donor-dependent, with over 80 percent of the program costs and 100 percent of the contraceptive costs underwritten by various donors. Following devolution, LGUs must now come up with the resources required for the program. For many LGUs, family planning is not a priority because of other pressing developmental concerns or because of opposition from the Catholic Church.

The DOH must increase its budget for family planning and, at the same time, encourage the LGUs to allocate additional resources, as necessary, to ensure the long-term sustainability and uninterrupted provision of family planning services. This is particularly important, given the prevailing uncertainties about USAID and other donor support.

3. Many of the national programs and systems developed under FPAP (e.g., CDLMIS, IEC, and Training) remain outside the main structures of the DOH. The DOH must be encouraged to devote adequate personnel and financial resources to these vital support systems without which no family planning program can succeed. The process of institutionalization must begin as soon as possible. Since funds for these components have been included in the IFPMHP, constant encouragement and close monitoring of this process by USAID are critical.

4. Like the DOH, the role of POPCOM and its Regional Offices in the post-devolution era needs to be defined. To assume the role mandated by the January 1989 Board resolution, POPCOM must develop a long term strategy and action plan for support to the LGUs, particularly in the policy and advocacy areas, and lobby Congress for funds to hire qualified personnel and to carry out its mandate.

Fortunately, the design of the IFPMH Program was timed such that many of the above activities begun under the FPAP were folded into this follow-on program. However, the issues raised here need careful watching and constant support and encouragement from USAID to ensure the long-term sustainability of the Philippine family planning program.

VI. REVIEW OF PROJECT EVALUATION

Only one evaluation of the Project -- at mid-term -- was carried out in September/October 1992. Major findings and recommendations from this evaluation and follow-up actions taken by the DOH and USAID were summarized in the Evaluation Summary submitted to Washington in April 1994 (copy attached as Attachment No. 3).

Findings and recommendations from the mid-term evaluation and lessons learned during the remainder of the FPAP period were used in the design and development of the follow-on \$100 million, six year (1994-2000) IFPMH Program, for which an Agreement was signed with the GOP on August 1, 1994. The IFPMH Program became operational long before the expiry of the FPAP PACD. As a result, a planned final evaluation of the FPAP was considered unnecessary and was not undertaken.

VII. LESSONS LEARNED/RECOMMENDATIONS

A number of important lessons were learned during the implementation of FPAP which, as stated before, were incorporated into the design of the follow-on IFPMH Program. These lessons and related recommendations are summarized below:

1. As noted by the mid-term evaluation, sufficient attention was not paid in the FPAP project design and subsequent implementation to long term sustainability and institutionalization of several key Project components (e.g. contraceptive logistics management, IECM, and training). As a result, by PACD, none of these key systems had full-time staff and all were operating outside the main DOH structures. Fortunately, as noted earlier, these activities have been folded into the follow-on IFPMH Program, which should enable USAID to address this important issue early on during the implementation of that program.

2. During the entire implementation of the FPAP, none of the USAID-funded long-term advisors had designated full-time counterparts who were permanent employees of the DOH. All were contract personnel, funded by one donor or the other. Assignment of full-time DOH employees as counterparts to long and short-term technical advisors was not a Condition Precedent for either the FPAP or IFPMHP. It must be included as a Condition Precedent in any follow-on project.

3. The Philippine family planning program is 25 years old. Yet, the program is almost entirely donor-funded. Only 23.76 million pesos (equivalent to about \$900,000) or 0.24 per cent of the DOH budget was devoted to family planning in 1995. In comparison, the cost to USAID of oral contraceptive pills alone (at worldwide public sector prices) in 1995 was 55 million pesos. Given the uncertainties about USAID and other donor funding, it is important to press the DOH to devote increasing budgetary resources to family planning.

4. Almost five years after the Devolution Act was passed, the roles and responsibilities of the DOH and its Regional Health Offices remain undefined. No program can be successfully implemented until these roles and responsibilities have been defined and necessary structures with qualified, full-time, and permanent staff put in place. This is also an issue which has serious implications for the successful implementation of the follow-on IFPMH Program. USAID should take up this issue with the DOH as early as possible during the implementation of the IFPMH Program.

5. The Project Management Unit established at DOH under FPAP and continued under IFPMHP is staffed almost entirely by contract personnel, funded by one donor or another, and not by permanent DOH employees. These contract employees have no control or jurisdiction over the regular DOH employees. This arrangement does not in any way strengthen DOH's institutional capabilities and has major implications for the "ownership" and long term sustainability of the programs. To the extent possible, the establishment of a Project Management Unit with full-time and permanent DOH employees must be made a Condition Precedent to First Disbursement in any follow-on Agreement to the IFPMH Program.

6. There are several independent MIS systems currently operational at DOH, which are supported by various donors. These systems duplicate efforts, waste valuable staff time and produce only conflicting information. Virtually all the present systems were developed before the Devolution Act was passed and are no longer relevant or useful. A single, new MIS system which takes into account the needs of both the DOH and LGUs in the post-devolution era must be developed. This activity should be given high priority under the follow-on IFPMH Program.

7. Clear guidance from the national level on service delivery policies and standards is essential for effective program implementation at the LGU level. This is lacking. LGUs can not be held accountable for high quality services until policies, standards, and procedures have been established. This is a DOH responsibility and should be given very high priority for development under the IFPMH Program.

8. Despite best efforts under the FPAP, the participation and contribution of the private and NGOs sectors continue to be minimal. There is an urgent need to energize the private and NGO sectors. Market segmentation is key for this purpose, and should

be encouraged and supported by USAID.

9. The role of POPCOM and its Regional Offices should be defined to provide complementarity to the role of DOH and its Regional Health Offices.

10. The "case-management" approach used by the implementing contractor (FPMD) in the 30 LGUs must be reviewed carefully to determine if it is the most cost-effective and efficient approach to implement performance-based family planning and MCH programs, before it is adopted for implementation in the remaining LGUs under the follow-on IFPMH Program.

TABLE: NON-CONTRACEPTIVE COMMODITIES AND EQUIPMENT

<u>Year</u>	<u>Reference</u>	<u>Item</u>	<u>Quantity</u>	<u>Peso Cost</u>	<u>Exchange Rate</u>	<u>Dollar Total</u>
1991	PIL No. 3	Gooseneck lamp	67	33,433.00		
		Sterilizer	67	301,500.00		
		Examining table	67	224,450.00		
		Stethoscope	542	176,150.00		
		Sphygmomanometer, aneroid	520	507,000.00		
		Sphygmomanometer	67	153,765.00		47,839.56
	PO 492-0396-0-00-1008	Pelvic model	22	-	-	6,774.50
1992	PIO/C 492-0396-5-00285	IUD kit	272	-	-	46,477.18
	PIO/C 492-0396-5-10196	Minilap kit	287	-	-	49,917.68
	PIL No. 25	Stethoscope	3	2,985.00		
		Gooseneck lamp	25	18,125.00		
		Kelly pad	20	9,000.00		
		Solution pail	15	8,250.00		
		Vaginal speculum	50	28,500.00		
		Tenaculum forceps	50	27,000.00		
		Uterine scissors	40	20,000.00		
		Uterine forceps	40	22,400.00		
		IUD kit	20	106,000.00		
		IUD hook/remover	10	4,500.00		
		Sphygmomanometer	3	7,650.00		
		Sterilizer	10	69,000.00		
		Flashlight	15	2,625.00		
		Koolin jars	20	7,700.00		
		Basin stand with basin	15	15,525.00		
		Instrument tray	15	11,700.00		
		Examining table	10	27,000.00		
		Welghing scale	10	65,000.00		16,577.77
1993	PO-492-0396-C-00-3042	IUD kit	395	-	-	67,114.45
1994	PO 492-0396-C-00-3099	Weighing scale	200	-	-	26,450.00
	PIL No. 33	IUD kit	100	672,000.00		24,391.13
	PO 492-0396-0-00-4032	Generator	2	-	-	31,874.93

<u>Year</u>	<u>Reference</u>	<u>Item</u>	<u>Quantity</u>	<u>Peso</u> <u>Cost</u>	<u>Exchange</u> <u>Rate</u>	<u>Dollar</u> <u>Total</u>
	PO 492-0396-0-00-3079	Book: IUD Guideline for FP Service Programs - A Problem Solving Reference Manual	1000			8,214.37
	PO 492-0396-C-00-4029	Sterilizer	295	1,165,250.00		
		Solution pail	295	737,500.00		
		Sphygmomanometer	280	735,000.00		
		Stethoscope	280	432,600.00		
		Instrument tray	295	191,750.00		
		Basin stand w/ basin	295	309,750.00		
		Flashlight w/ batteries	295	21,240.00		133,617.79
	Grant No. 492-0396-A-00-4021	Examining table	7	23,863.60		
		Weighing scale, adult model	9	61,363.50		
		IUD kit	10	61,091.00		
		Gooseneck lamp	8	5,090.40		
		Stethoscope	9	14,584.50		
		Chair, clerical	11	19,900.00		
		Printer, laser	1	22,272.80		
		UPS	2	36,363.60		
		Table, clerical	11	25,000.00		
		Facsimile machine	1	18,000.00		
		Intercom	3	8,972.70		
		File cabinet w/ safe	1	7,091.00		
		Storage cabinet	1	5,272.70		
		File cabinet, lateral	1	8,954.50		
		Airconditioner, split type, 2.0R	1	42,454.50		
		Airconditioner, split type, MS14	1	34,000.00		
		Amplifier system	1 set	7,318.20		
		Blinds, miniature	1 lot	11,550.00		
		Photocopier	1	53,631.80		
		Camera	1	7,091.00		
		Instrument table	7	9,545.20		
		Sphygmomanometer	9	22,909.50		
		Staple gun/tacker	1	1,136.50		
		Microphone	3	867.30		
		Table, computer	1	1,772.70		
		Rewinder	1	390.90		
		Video cassette recorder	1	7,136.40		
		Television set	1	12,268.20		
		Typewriter, electronic	1	9,086.40		
		Computer	2	114,545.50		
		Printer, dot matrix	1	17,591.00		
		Projector screen	1	9,545.50		
		Overhead projector	1	27,454.50		
		Examining table	45	153,409.50		
		Printer, Laser	1	22,000.00		
		UPS	1	20,272.70		

<u>Year</u>	<u>Reference</u>	<u>Item</u>	<u>Quantity</u>	<u>Peso</u> <u>Cost</u>	<u>Exchange</u> <u>Rate</u>	<u>Dollar</u> <u>Total</u>
		Projector screen	1	9,545.50		
		Overhead projector	1	27,454.50		
		Paper copier	1	42,727.30		
		Airconditioner, 2hp	3	56,045.40		
		Airconditioner, 1.5hp	1	14,318.20		
		Fan, stand model	2	2,154.60		
		Fan, box model	1	6,164.00		
		White board	1	3,136.40		
		File cabinet	2	6,000.00		
		File cabinet w/ vault	1	7,091.00		
		Table, computer	2	3,527.20		
		Table, printer	1	831.80		
		Calculator	1	520.00		
		Chair, computer	3	3,818.10		
		Lamp, desk	3	1,545.00		
		Lamp, emergency, portable	2	1,105.00		
		Computer	1	57,272.70		
		Facsimile machine	2	30,636.40		
		Vaginal speculum	45	11,900.10		
		Gooseneck lamp	45	28,632.20		
		Hysterometer	45	9,807.80		
		Tenaculum forceps	45	15,545.30		
		Uterine forceps	45	19,635.80		
		Sterilizer	45	161,590.50		63,305.23
1995	PIL No. 41	IUD kit	220	1,478,400.00		57,140.65
	TOTAL					579,695.24

TABLE: CONTRACEPTIVE PROCUREMENT

Contraceptive	1991		1992		1993		1994		1995		TOTAL	
	Quantity	Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity	Value	Quantity	Value
Condoms, 49mm	7,140,000.00	334,825.34	22,026,000.00	1,260,840.03	17,520,000.00	925,284.86	23,574,000.00	1,146,042.41	-	-	70,260,000.00	3,666,992.64
Condoms, 52mm	-	-	-	-	-	-	-	-	15,066,000.00	765,729.60	15,066,000.00	765,729.60
IUDs, Copper-T	92,000.00	108,408.90	183,800.00	224,565.65	433,000.00	484,725.48	224,800.00	256,076.67	154,400.00	180,713.50	1,088,000.00	1,254,490.20
Pills, Lo-Gestrol	3,078,000.00	524,644.50	15,330,000.00	2,538,426.70	24,211,200.00	4,153,545.06	15,876,000.00	2,885,696.04	7,128,000.00	1,349,133.20	65,623,200.00	11,451,445.50
Pills, Ovrette	40,800.00	9,298.82	3,600.00	1,406.82	-	-	-	-	-	-	44,400.00	10,705.64
TOTAL		977,177.56		4,025,239.20		5,563,555.40		4,287,815.12		2,295,576.30		17,149,363.58

Family Planning Assistance Project (AID 492-0396)
Project Activity Completion Report: Summary

A. Bilateral Funds (in U.S. Dollars)

Mechanism	Amount	Total
1. OYB Transfer	2,172,000.00	2,172,000.00
2. PIO/Cs: 492-0396-5-00098	1,294,116.58	
492-0396-5-00183	1,896,985.20	3,191,101.78
Total Bilateral Funds		<u>5,363,101.78</u>

B. Global Funds (in U.S. Dollars)

Total Value of Contraceptives	17,149,363.58
Less: Bilateral Funds	5,363,101.78
Total Global Funds	<u>11,786,261.80</u>

A.I.D. EVALUATION SUMMARY - PART I

1. BEFORE FILLING OUT THIS FORM, READ THE ATTACHED INSTRUCTIONS.
2. USE LETTER QUALITY TYPE, NOT "DOT MATRIX" TYPE.

IDENTIFICATION DATA

A. Reporting A.I.D. Unit: Mission or AID/W Office <u>USAID/Manila</u> (ES# _____)		B. Was Evaluation Scheduled in Current FY Annual Evaluation Plan? Yes <input checked="" type="checkbox"/> Slipped <input type="checkbox"/> Ad Hoc <input type="checkbox"/> Evaluation Plan Submission Date: FY <u>91</u> Q <u>3</u>		C. Evaluation Timing Interim <input checked="" type="checkbox"/> Final <input type="checkbox"/> Ex Post <input type="checkbox"/> Other <input type="checkbox"/>	
D. Activity or Activities Evaluated (List the following information for project(s) or program(s) evaluated; If not applicable, list title and date of the evaluation report.)					
Project No.	Project /Program Title	First PROAG or Equivalent (FY)	Most Recent PACD (Mo/Yr)	Planned LOP Cost (000)	Amount Obligated to Date (000)
492-0396	Family Planning Assistance Project	5/10/90	12/31/94	40,000	\$24,928

ACTIONS

E. Action Decisions Approved By Mission or AID/W Office Director Action(s) Required	Name of Officer Responsible for Action	Date Action * to be Completed
1. USAID will assist in selection of LGUs in which an integrated family planning and population program could be developed	E. Oldwine OPHN	9/93
2. USAID should urge the Philippine Population Program to expand the range of available contraceptive choice	E. Oldwine	7/93
3. USAID should urge DOH to simplify accreditation process for NGOs	E. Oldwine	5/93
4. Work-based-family planning program should be expanded	E. Aquino	5/93
5. A training needs assessment should be carried out	E. Aquino	8/93
6. An inventory of equipment for pilot LGUs and NGOs should be undertaken	M. de la Torre	9/93
7. IEC Efforts through multi-media channels should be advanced	E. Oldwine	9/93
8. An operations research agenda should be developed	E. Oldwine	2/93
*All of these actions were completed.		

(Attach extra sheet if necessary)

APPROVALS

F. Date Of Mission Or AID/W Office Review Of Evaluation:		(Month)	(Day)	(Year)
		10	92	
G. Approvals of Evaluation Summary And Action Decisions:				
Name (Typed)	Project/Program Officer	Representative of Borrower/Grantee	Evaluation Officer	Mission or AID/W Office Director
	B. Eilene Oldwine	Dr. Carmencita N. Reodica	Sulpicio S. Roco, Jr.	Thomas W. Stukel
Signature	<i>B. Eilene Oldwine</i>	<i>Dr. Carmencita N. Reodica</i>	<i>Sulpicio S. Roco, Jr.</i>	<i>Thomas W. Stukel</i>

A B S T R A C T

H. Evaluation Abstract (Do not exceed the space provided)

The Family Planning Assistance Project (FPAP-project 492-0396) is a five-year (May 10, 1990 to December 31, 1994), \$40 million grant from the U.S. Agency for International Development (USAID) mission to the Philippine government, with the stated purpose of increasing the availability and utilization of family planning services through support of the Department of Health's (DOH) Philippine Family Planning Program (PFPP). The project's goal is to assist the GOP to reduce the total fertility rate.

This report is an evaluation of the project at its midpoint a time when the climate for family planning in the Philippines was more favorable than at any point in recent years. The new administration had publicly committed itself to family planning and to fertility reduction. Top government officials, including the Secretary of the National Economic and Development Authority and the Secretary of Health, had made statements recognizing the importance of family planning and pledging support for critical aspects of the program.

At the time of the evaluation, however, the PFPP itself was found to be seriously flawed, the legacy of nearly 10 years of disarray and lack of consistent support. Between 1987-1989, the program's very existence, strategies and thrusts faced strong opposition from the Catholic church and members of the Aquino administration. During this period, there were two major casualties. The Population Commission of the Philippines (POPCOM), which had spearheaded the program during its successful early years, was stripped of its responsibilities for family planning and left only with development of population policy. The DOH, which took over the provision of services, totally ignored the non-governmental organization (NGO) sector, which had up until then provided more than 35 percent of services as well as a large share of information, education, communication, and motivation (IECM) activities and training. Without POPCOM and a strong NGO sector, the program was unable to provide enough services to meet demand. At the time of the evaluation, the contraceptive prevalence rate (modern methods) in the Philippines was only 22 percent, well behind its neighbors in Thailand, in Indonesia, and even in Bangladesh.

Efforts to find administrative solutions through the creation of a Technical Secretariat (TS) in the DOH have not lived up to their promise. Rather, the result has been that the family planning program is now speaking with two voices, representing DOH's Family Planning Services and the TS. This lack of clear direction from DOH will become even more critical with the recent decision to devolve many government activities. It is not only a challenge, however. Devolution also offers significant promise since enthusiasm and commitment for a renewed family planning program appear to exist at the local level.

The report contains a wide range of recommendations pointed toward restructuring and strengthening of DOH management, reactivation of the NGO sector, and energizing service delivery, training, and IECM. At the same time, no changes are recommended in the design of the FPAP. Rather, the project was found to have made an important contribution toward moving the DOH to reorganize and to make a renewed commitment toward family planning. Moreover, the FPAP is sufficiently flexible to accommodate the challenge and opportunities that devolution presents.

C O S T S

I. Evaluation Costs

1. Evaluation Team		Contract Number OR TDY Person Days	Contract Cost OR TDY Cost (U.S. \$)	Source of Funds
Name	Affiliation			
Keys McManus	USAID/W	DPE-3024-Z -32-8078-00	\$99,559.10	PD&S
Ronald Parlato	POPTECH*			
Bonnie Pedersen	USAID/W			
Zelda Zablan	POPTECH			
*Population Technical Assistance Project				

2. Mission/Office Professional Staff

Person-Days (Estimate) 30 days

3. Borrower/Grantee Professional

Staff Person-Days (Estimate) 10

A.I.D. EVALUATION SUMMARY - PART II

SUMMARY

J. Summary of Evaluation Findings, Conclusions and Recommendations (Try not to exceed the three (3) pages provided)
Address the following items:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Purpose of evaluation and methodology used • Purpose of activity(ies) evaluated • Findings and conclusions (relate to questions) | <ul style="list-style-type: none"> • Principal recommendations • Lessons learned |
|--|--|

Mission or Office: USAID/Manila OPHN	Date This Summary Prepared: 4/08/94	Title And Date Of Full Evaluation Report: Mid-term Evaluation of the Family Planning Assistance Project: Philippines April 9, 1993
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1. Purpose of Evaluation

- 1) To determine the extent to which the FPAP is assisting the DOH to carry out it's mandate and reach it's stated goals.
- 2) To assess the process and pace of project implementation and make recommendations concerning needed revisions of the implementation arrangements which could affect the final two years of the project.
- 3) To review the appropriateness of FPAP management arrangements, both by the Department of Health (DOH) and by the USAID staff, and make recommendations for needed changes, if warranted.
- 4) To review the existing sub-projects under the FPAP and determine the continued relevance of these activities in addressing the objectives of FPAP and the PFPP.
- 5) To assess the level of GOP commitment toward implementing family planning programs, address how this has changed over the last two years, and its implications for the future.

2. Methodology used

The mid-project evaluation of FPAP will rely on non-quantitative methods and will consist of a review of project documents and reports, interviews with key individuals in the public and private sectors who are involved in project implementation and management, as well as field trips to the provinces. Focus group discussion with both clients and service providers is another method which may be employed. No primary data collection is expected to be undertaken; instead, secondary data sources will be used when hard data are not available. Site visits will be determined by the evaluation team in collaboration with USAID and the Technical Secretariat.

3. Purpose of activities evaluated

(see Attachment A)

4. Findings/conclusions/recommendations

(see Attachment B)

5. **Lessons Learned**

1. The establishment of the Technical Secretariat within the DOH without an appropriate GOP budget to pay staff, fund the committee work or coordinate family planning activities was a failure and should not be repeated.
2. The lack of a line-item budget by the GOP for family planning represents a major constraint to the implementation of the PFPP.
3. Although many surveys have demonstrated that the influence of the Catholic church plays a minimal role in a couple's decision to practice family planning, it has been a significant issue with respect to the support the politicians are willing to risk for family planning.
4. The design and staffing for the FPAP was outstanding in that it is able to support population activities under a cautious Aquino administration and the more expansive Ramos administration.
5. As midwives and nurses gain competency in clinical skills for family planning, equal attention must be paid to upgrading the management and supervisory skills to assure quality services and adequate data collection.

ATTACHMENTS

K. Attachments (List attachments submitted with this Evaluation Summary; always attach copy of full evaluation report, even if one was submitted earlier; attach studies, surveys, etc., from "on-going" evaluation, if relevant to the evaluation report.)

1. Midterm Evaluation of the Family Planning Assistance Project 492-0396

COMMENTS

L. Comments By Mission, AID/W Office and Borrower/Grantee On Full Report

The evaluation provided comprehensive answers to the questions posed in the scope of work. It provided a non-biased response to issues the Mission had already raised with the GOP concerning the role of the Technical Secretariat (TS) it's stranglehold on activities that could, and should, have been moving forward at a quicker pace. This outside opinion enabled the Secretary of Health to move quickly to disband the TS. Additionally, the IECM evaluation encouraged the Secretary to approve a more creative use of the media to encourage couples to practice family planning. Within 4 months of receiving the evaluation report, a national communications campaign had been launched by President Ramos at Malacanang, and the first family planning info-mercials were aired on TV. Further, the Secretary of Health used the information in the report to urge the Philippine Bureau of Food & Drugs to approve DMPA, the injectable contraceptive, for the PFPP. Many of the observations of the Evaluation Team fed into the development the USAID Population Assistance Strategy 1993-1998 and will form the basis for the follow-on bilateral family planning program.